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U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2018 OCT 12 PM 3:48

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Philip E. DeBlasio

**18CV9360**

No.

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

Mr. Alieves

John Doe #1

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?

Yes  No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

### I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

### II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Philip

E.

DeBlasio

First Name

Middle Initial

Last Name

Abdur Rasheed Ali

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

# 349-18-01884

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GRVC

Current Place of Detention

09-09 Hazen Street,

Institutional Address

East Elmhurst, N.Y. 11370

County, City

State

Zip Code

### III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Nieves		
New York City Police Officer		
Current Job Title (or other identifying information)		

Current Work Address

County, City	State	Zip Code
John	Doe	

Defendant 2:

First Name	Last Name	Shield #
New York City Police Officer		
Current Job Title (or other identifying information)		

Current Work Address

County, City	State	Zip Code
New York	NY	10009

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		

Current Work Address

County, City	State	Zip Code
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Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		

Current Work Address

County, City	State	Zip Code
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**V. STATEMENT OF CLAIM**

Place(s) of occurrence: In the 9th Precinct on 5<sup>th</sup> St. between 1<sup>st</sup> Av. & Ave A

Date(s) of occurrence: March 5, 2018.

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

In the 9th Precinct I was assaulted by Police Officer Nieves and Police Officer John Doe # 1. It occurred on the first floor of the Precinct in the back room area where they fingerprint the detainees.

I politely asked defendant Nieves if I could use the toilet first before I lock in a holding pen that doesn't have a toilet or a sink for us to use.

Defendant Nieves refused me the opportunity to use the bathroom. He outright told me no and ordered me to step in the holding pen. Defendants Nieves and Defendant John Doe # 1 started to throw punches all over my torso and facial & head areas. I tried to hold my hands up in defense but couldn't ward off their onslaught of me. I yelled at them to stop but they wouldn't.

Then I finally allowed them to handcuff me and I was violently pushed into the holding pen handcuffed behind my back for several hours. After Defendant Nieves and Defendant John Doe<sup>#1</sup> put me in the pen and locked the door they threatened me with more assaultive behavior if I wouldn't be quite now. This is a blatant violation of my Civil Rights of Cruel & Unusual Punishment.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I had some bumps and bruises all over my torso, head, and face. But most importantly my mental condition was heightened by this assault of my person by these two Bully Police Officers.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

This is a blatant case of Police Brutality by the New York City Police Force once again.

I am requesting money damages in the amount of \$1,000,000.

AA

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7-28-18

Dated

Philip E.

First Name

Middle Initial

Last Name

Philip DeB/Asio

Prison Address

GRVC, 09-09 Hazen St.  
East Elmhurst

State

Zip Code

NY. 11370

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

Philip DeBlasio  
#3V9 180 1884  
MDC,  
125 White St.  
N.Y. N.Y. 10013

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2018 OCT 12 PM 3:47



United States District Court  
Southern District of New York  
500 Pearl Street N.Y. N.Y.

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